DOCUMENT RESUME

ED 361 617 CG 025 012

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TITLE Family Dysfunction and Teenage Suicide Attempts.
PUB DATE 12 Apr 93
NOTE 12p.; Paper presented at the Annual Meeting of the American Educational Research Association (Atlanta, GA, April 12-16, 1993).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; Case Studies; Conflict Resolution; *Family Life; *Family Relationship; *Parent Child Relationship; *Suicide; *Youth Problems
IDENTIFIERS Dysfunctional Family

ABSTRACT

One of the most persistent findings in the literature on suicidal behavior in adolescence is its association with the characteristics of the adolescent's family. Although empirical work clearly indicates that the family is a critical variable to consider in the study of teenage suicidal behavior, it is less clear how particular family features contribute to suicidal behavior. Three major explanations have been formulated in the family systems literature about the linkage between family factors and the adjustment of individuals: (1) Minuchin and Fishman's contention that the transgression of boundaries in the family leads to a strong effective response on the part of individual family members; (2) Bateson's work on schizophrenia that claims schizophrenia may be partly due to prolonged exposure to double bind interactions; and (3) the view that confusion of family roles associated with kinship leads to psychopathological development (Koopmans, 1992). This paper discusses the possible applicability of these three explanations to the families of teenagers who attempted suicide. Two case discussions are presented to illustrate how the three perspectives connect family characteristics to suicidal behavior. The analysis of the case discussions suggests that boundary transgression, confusion of family roles, and double bind interactions may be interrelated features in the families of teenage suicide attempters. (NB)

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Family dysfunction and teenage suicide attempts

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Paper presented at the Annual Meeting of the American Educational Research Association, Atlanta, GA.

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I. INTRODUCTION

One of the most persistent findings in the literature on suicidal behavior in adolescence is its association with the characteristics of the youngsters' family. In the families of youngsters displaying suicidal ideation or behavior, studies have reported high levels of family enmeshment, symbiotic parent-child relations, lack of ability to resolve conflicts, confusion of generational boundaries and so on. Although empirical work clearly indicates that the family is a critical variable to consider in the study of teenage suicidal behavior, it is less clear how particular family features contribute to such dramatic consequences as suicidal behavior. Since there is a need among counselors and educational practitioners to respond effectively to the emotional, behavioral, and adjustment problems of youngsters, we need a better understanding of the factors that affect the odds that teenagers, at some point in their development, make a suicidal gesture.

There is a fairly extensive body of theoretical work which links family dysfunction to a variety of mental health problems in adolescence such as psychosomatic disorders, adjustment disorders, psychosis and schizophrenia, but the association between family dysfunction and teenage suicide has not received similar theoretical scrutiny in spite of the evidence which indicates that such scrutiny is warranted. With respect to teenage suicide, then, two questions need to be addressed: (1) to what extent are theories that have been developed to explain other types of mental disorder

also applicable to teenage suicide, and (2) what is the nature of the connection between family processes and suicidal behavior in adolescence. The purpose of the proposed paper is to explore these two questions.

The present paper is specifically concerned with three major explanations that have been formulated in the family systems literature about the linkage between family factors and the adjustment of individuals. The first hypothesis to be considered is Minuchin and Fishman's (1981) contention that the transgression of boundaries in the family leads to a strong affective response on the part of individual family members, such as guilt, and anxiety. The second explanation is derived from Bateson's work on schizophrenia (Bateson, Jackson, Haley & Weakland, 1956) in which the claim is made that schizophrenia may be partly due to prolonged exposure to 'double bind' interactions: interactions in which relationships of vital importance to the actors are simultaneously confirmed and denied. The third possibility considered here is that the confusion of family roles associated with kinship (husband - wife, sibling - co-sibling, parent - child) leads to psychopathological development (Koopmans, 1992). The proposed paper will discuss the possible applicability of these three explanations to the families of teenagers who attempted suicide.

II. CASE DISCUSSIONS

On the basis of interviews that took place with teenage suicide attempters who were admitted to a residential psychiatric facility in the Metropolitan New York area, two case discussions are presented to illustrate how the three perspectives outlined above connect family characteristics to suicidal behavior.

Information about family relations is utilized to determine the relational structure of the family, and the potential for contradictions in the definition of family relations is assessed on the basis of that structure. The possibility that boundary transgression, double bind interactions, and confusion of kinship relations may occur will be discussed, and it will be assessed whether suicidal behavior can be meaningfully linked to those family properties.

Case #1:

A fifteen year old girl, who made five suicide attempts, is living with her mother and grandmother. Mother and daughter are both treated by the grandmother as her children, while mother and daughter see each other as siblings. The grandmother's treatment of both her child and grandchild as her own children is consistent with the mother and child interacting as siblings. However, the relation between the identified patient and her mother confuses a parent-child relation with a siblings relation; The relation between the mother and grandmother confuses a parent-child relation with co-parenthood (see figure 1).

Figure 1: Family roles and boundaries
Case #1

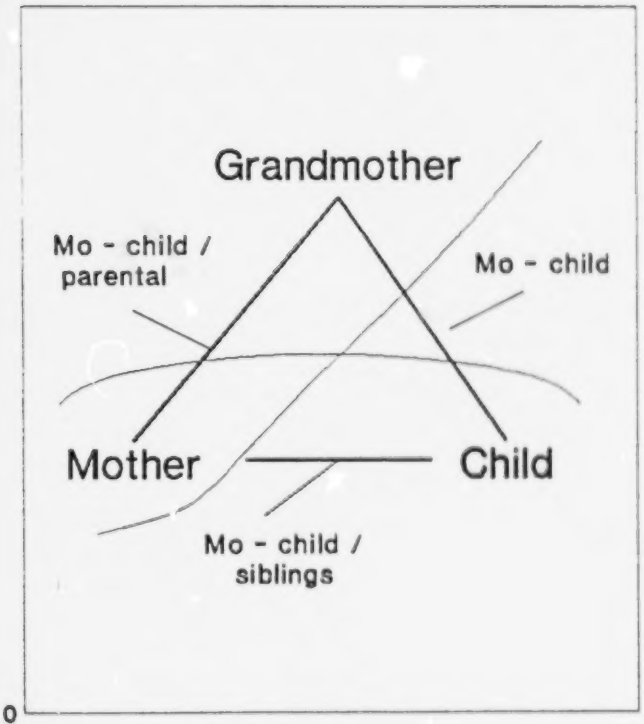
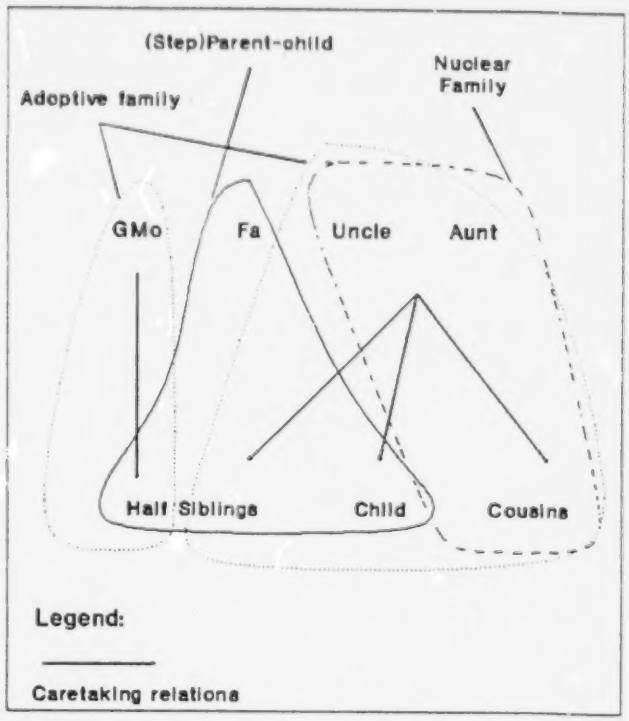


Figure 2: Family roles and boundaries
Case #2



In the daily interactions of this family, any instance in which mother - grandmother interactions simultaneously assume a mother-child relationship and a relationship of co-parenthood can be seen as a double bind contingency because the role of being a co-parent in incompatible with the mother-child relationship. Similarly, each instance in which the mother simultaneously assumes the role as a mother and as a sibling can be seen as a double bind contingency in this context because the siblings role and the mother role contradict each other.

Boundary transgressions are also apparent in this case in that the grandmother interferes in the nuclear family consisting of her daughter and her granddaughter.

It is important to recognize both the escalatory nature of the processes described above, and the ambiguity they create. Apparent successes (being an adult with her mother) keep this girl in the larger constellation as a result of which the age appropriate negotiations to reach independence do not get anywhere. The break-ups with boyfriends exacerbate these difficulties. These breakups also create the need for an alternative route of escape from the family. Although a successful suicide attempt would accomplish the escape, it would do so at great expense. In this case, the consequence of a failed attempt was increased attention from her two caretakers. By increasing their attention to the problems of the attempter, the family strengthened its dysfunctionality, thereby increasing the likelihood of future attempts.

Case #2

A fifteen year old girl wrote repeated suicide notes to her aunt, who was her caretaker. Her mother died when she was twelve years old. The two younger half-sisters were brought under the care of their grandmother, the identified patient and two older half-siblings joined the household of an aunt, uncle, and two cousins. The stepfather remained in close contact with the two families, though not living with his stepchildren. While living with her aunt, uncle, and two cousins, the identified patient started writing suicide notes to her aunt, and threatened to jump out of the apartment window. During and after psychiatric intervention, she repeatedly sent suicide notes to the hospital. In the interview, the identified patient recognized that her new parents were considerate toward her needs, and assumed pedagogical responsibilities (particularly her uncle); her grandmother however, appeared to be her most important source of emotional support.

Figure 2 shows the constellation discussed. It can be seen that four nuclear family systems operate in conjunction: (a) the two adoptive systems including the identified patient, her (half) siblings, and their respective caretakers, (b) the father and his children and step-children, and (c) the original nuclear family of the uncle and aunt.

Having been taken care of by her mother up to the age of twelve, the identified patient has to adjust a situation where the caretaking role is assumed by members of the extended family, and

cousins play the role of potential siblings. The relationship as extended family member defines her as a relative outsider to the system depicted in figure 2, whereas the caretaking relations assume a parent-child relationship. In that regard, the caretaking she receives from her aunt and uncle reinforces her status as an outsider from the biological parent-child systems, as well as her status as an insider as far as the caretaking system is concerned. Any interaction in which these two relationships are simultaneously reinforced can be seen as double bind interactions because they simultaneously assert and deny relationships of vital importance to her. The threats to commit suicide may reflect this ambiguity, in that they simultaneously assert the dependence which is compatible with the caretaking relation, and the independence which is compatible with the relation of the patient with her caretakers as extended family members. As any situation of adoption, the circumstances surrounding the suicide threats can be seen as instances of boundary transgression, i.e. they transgress the boundaries of the nuclear family system which consists of her uncle, aunt, and cousins.

III. DISCUSSION

The present analysis explores the idea that boundary transgressions, the confusion of kinship roles, and double bind interactions may be critical features of the families of suicide attempters, and that suicidal behavior in adolescence may in part

reflect the resulting ambiguity in the relationship between the youngster and his or her caretaker(s).

The cases discussed in this paper, seem to suggest the following scenario: the occurrence of boundary transgressions may be associated with the clarity with which kinship roles and relations are separated because a clear separation of kinship roles would serve to prevent such transgressions in the family. Conversely, transgressions in existing constellations or alliances may obfuscate kinship relations.

The ambiguity that results from the confusion of kinship relations manifests itself in double bind interactions; interactions in which the simultaneous confirmation and denial of relations reflects a contradictory pattern of relations in the family. If the relations between the youngster and his or her caretakers is permeated by double bind interactions, it is not inconceivable that the youngsters' behavior reflect the ambiguous properties of those interactions. With respect to Anorexia Nervosa in adolescence, Minuchin, Rosman and Baker (1984) argued that the symptoms can be seen as a simultaneous appeal for parental supervision, and an assertion of independence from the parents. Suicidal behavior in adolescence may be a similar phenomenon.

It is often suggested in the literature that suicidal behavior in adolescence is a 'cry for help'. According to the interpretation forwarded here, this 'cry for help' is coupled with an 'assertion of autonomy' leaving caretakers unable to respond. In other words, teenage suicidal behavior may be a double bind response to the

caretaking process in the same way as has been suggested for anorexic behavior.

The present paper should not be seen as providing empirical evidence for any of the notions forwarded. Rather, it explores the applicability to suicidal behavior of some features of family dysfunction that have been discussed in the literature in connection with adolescent adjustment in general. The analysis suggests specifically that boundary transgression, confusion of family roles, and double bind interactions may be interrelated features in the families of teenage suicide attempters. To confirm this impression, however, empirical work needs to be done in which the families of suicide attempters are compared to those of non-suicide attempters, and in which the relationship between suicidal behavior and family dysfunction is systematically investigated. Such work may yield a better understanding of the motives that teenagers may have when attempting to commit suicide; Understanding those motives, in turn, may enable us to respond more effectively when a suicide attempt has been made. Such understanding may also help us design more effective prevention strategies.

Some of the limitations of the analysis presented here are typical of the case study approach. Many of the insights are speculative, and generalizations are not warranted. Moreover, the family structures suggested for the two cases discussed are hypothetical; They are inferred on the basis of semi-structured interviews. Actual interactions between family members have not been observed for this particular study.

However, the analysis forwarded may provide a starting point for a more systematic study of the relationship between family structure and suicidal behavior which takes advantage of the knowledge about family processes that has been accumulated to examine the causes of maladjustment in adolescence.

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